AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 3:20-CV-117-CDL

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

| was re | This summons for (no exceived by me on (date)  | nne of individual and title, if any,   |                   | SUTDUR G-K            | out the.   |  |
|--------|--|--|-------------------|-----------------------|--|--|
|        | ☐ I personally serve   | d the summons on the indiv   | vidual at (place) |                       |  |  |
|        |  |  | on (date)         | ;                     | or   |  |
|        | ☐ I left the summon  | ☐ I left the summons at the individual's residence or usual place of abode with (name) |                   |                       |  |  |
|        | , a person of suitable age and discretion who resides there,   |  |                   |                       |  |  |
|        | on (date)  | on (date), and mailed a copy to the individual's last known address; or                |                   |                       |  |  |
|        |  | nons on (name of individual)   |                   |                       | , who is   |  |
|        | designated by law to accept service of process on behalf of (name of organization) AND AUTHOR (ZED TO ACCEPT |  |                   |                       |  |  |
| KO2    | : ALLIANCE OUTDOOR GROUP INC. on (date) OCT 23rd 2020 or   |  |                   |                       |  |  |
|        | - ALLIANCE OUTDOOR GROUP INC. on (date) OCT 23rd 202<br>21673 CED AR AVE, LAKENUE, MN 55044                  |  |                   | 44                    | ; or   |  |
|        | ☐ Other (specify):   |  |                   |                       |  |  |
|        | My fees are \$   | for travel and \$  | for servic        | es, for a total of \$ | 0.00   |  |
|        | I declare under penal  | ty of perjury that this infor  | mation is true.   |                       |  |  |
| Date:  | 10/26/20   | <u> </u>   |                   |                       |  |  |
|        | f ,  |  | A                 | r's signature         | The state of the s |  |
|        |  |  | ANDREWL           | ONERGAN               |  |  |
|        |  |  | Printed           | name and title        |  |  |
|        |  |  |                   |                       | 651-452-324  |  |
|        |  |  | Serv              | er's address          |  |  |

Additional information regarding attempted service, etc: